

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 11:08

DOCUMENT # F94000001618 (7)

1. Corporation Name
BROTHER INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
200 COTTONTAIL LANE 200 COTTONTAIL LANE
SOMERSET NJ 08875 SOMERSET NJ 08875

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/30/1994

4. FEI Number Applied For
22-3142007 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

24 25 29 30

Country Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	GUNJI, H
STREET ADDRESS	30 CHRISTY DRIVE
CITY - ST - ZIP	WARREN NJ
TITLE	PD
NAME	GILMORE, P T
STREET ADDRESS	141 DEER RIDGE ROAD
CITY - ST - ZIP	BASKING RIDGE NJ
TITLE	VD
NAME	REIGROD, R
STREET ADDRESS	4000 TOWERSIDE TERRACE UNITE 804
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	NAKAGAWA, R T
STREET ADDRESS	1100 JOHNSTON DRIVE
CITY - ST - ZIP	WATCHUNG NJ
TITLE	VD
NAME	SHULMAN, D
STREET ADDRESS	20 FOX HILL LANE
CITY - ST - ZIP	SHORT HILLS NJ
TITLE	V
NAME	CAPLAN, B
STREET ADDRESS	1104 CHANNEL DRIVE
CITY - ST - ZIP	MONMOUTH BEACH NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP THOMPSON, MARK
23 STREET ADDRESS	58 OLD FORT ROAD
24 CITY - ST - ZIP	BERNARDSVILLE NJ
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the addition.

SIGNATURE: **MARK L. THOMPSON** *Mark L. Thompson* **Son. VP. 6/15/95 (908) 556-8720**
 EXT 4015

CF2E034 (3/95)